EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT FORM 508

	JARY 1 THROUGH JUNE JARY 1 THROUGH DECE	•		JARY 15	
required by Title 49 on t	behalf of <u>all</u> of its lobbyists. timely filing the Executive	This reporting form is	only to be u	sed by pri	obbying Expanditure Reports as incipals or employers who have or Form and are reporting on behalf
	2416 Quali Drive, 3 rd Fig	or, Beton Rouge, LA	70608		-"
OR <u>Fax to</u> : (225) 753-87	'87 or (225) 763-8790				
1. EMPLOYER/PRINCIP.	AL AstraZeneca Pharma		on, Delawa	nre 19850	FOR OFFICE USE ONLY Postmerk Date: 08 11 06 EV-(08 06)
Z. BUSINESS ADUKESS_	Street and No.	City	State	ZI	<u> </u>
MAILING ADDRESS	Same as eboye				
	Street and No.	City	State	ZIp	3061312
3. CONTACT PERSON:_	Fish 	Amber		к.	
	Last	First		M	
4. MAILING ADDRESS_	80 South Summit Street,	Suite 100 Akron,	Ohlo	44308	
(If different from above)		City	State	Zij	p
5. PHONE NUMBER (33	0) 761-9960				
	Area Code and Pho	ne Number	_		
6. List the names and ехе	cutive lobbyist registration	numbers of the labbyis	as on whose	behalf th	is report is filed:
1) Name: Barnett		Stephanie		₿.	EXEC.ID.# 212
Leut		First		МІ	
2) Name: Barrow		Patricia		L.	EXEC.ID.# 211
Lask		First		М	
3) Name: Bauer		Schelbie		A	EXEC.ID.# 217
Last		First		MI	

) Name: Beatty	Toni	А.	EXEC.ID.# 242
Last	First	MI	
Name: Bird	Keith	A	EXEC.ID.# 271
Last	F-Irst	MI	
Name: Blistan	Beth	M.	EXEC.ID.# 230
Laut	First	₩I	
Name: Bonin	Łares	8.	EXEC.ID.#_199
Last	First	МІ	
Name: Braud	Jeffrey	M.	EXEC.ID.# 195
Last	First	MI	
Name: Braun	Amy	N.	EXEC.ID.# 221
Last	First	Mì	
) Name: Burleigh	Jutie	G.	EXEC.ID.# 203
Lest	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

Β.	Total of all executive lobbying expenditures made January 1 through June 30:	\$_	See signature page
	(Include expenditures from Schedules A and 8)		
þ.	Fotal of all executive lobbying expenditures made July 1 through December 31:	\$.	
	(When Applicable) (Include expenditures from Schadules A and B)		
C.	Total of still executive lobbying expenditures made during calendar year:	s _	
	(Line "a" added to Line "b" should equal Line "c")		

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobby(sts.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages			
Signature of Employer/Principal or Representative			
Print or Type Full Name			

4) Name: Campo	Steven	M.	EXEC.ID.# 205
Last	First	м	
5) Name: Cantrelle	Kevin	M.	EXEC.ID.# 315
Last	First	MI	
6) Name: Caplel	David	M.	EXEC.ID.#_207
Last	First	MI	
7) Name: Carter	Susan	T.	EXEC.ID.# 220
Lask	First	MI	
8) Name: Cordell	Misti	S.	EXEC.ID.# 270
Last	First	MI	
8) Name: Cyrus	Келу	J.	EXEC.ID. 216
Last	First	MI	
10) Name; Darnall, Sr.	Robert	Ç.	EXEC.ID.# 233
Last	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period, when applicable; (c) the aggregate total of all expenditures made by the principal/amployer in a calendar year.

å.	Total of all executive lobbying expenditures made January 1 through June 30: (Include expenditures from Schedules A and B)	\$ See signature page
b.	Total of all executive (obbying expenditures made July 1 through December 31: (When Applicable)—(include expenditures from Schedules A and B)	\$
C.	Total of all executive lobbying expenditures made during celeratar year: (Line "a" added to Line "b" should equal Line "c")	\$

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages			
Signatura of Employer/Principal or Representativa			
Print or Type Full Name			

4) Namer Eley, Jr.	James	₩.	EXEC.ID.# 234
Lest	First	МІ	
5) Name: Finley	Bart	S.	EXEC.ID.# 214
Lenk	First	МІ	
6) Name: Fowler	Lisa	<u>L.</u>	EXEC.ID.# 235
Last	First	MI	
7) Name: George	Charles	E .	EXEC.ID.# 200
Last	First	MI	
8) Name: Guerdero	Luke		EXEC.ID.# 228
Last	First	M	
9) Name: Hall	Allison	C.	EXEC.ID.# 215
Lest	First	MI	
10) Name: Hebert	Mark	A.	EXECUD.# 210
Last	Firsk	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 3D reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

â.	Total of all executive lobbying expenditures made January 1 through June 30: (Include expanditures from Schedules A and B)	See signature page
b.	Total of all executive lobbying expanditures made July 1 through December 31: (When Applicable) (Include expanditures from Schedules A and B)	\$
c.	Total of all executive lobbying expenditures made during calendar year: [Line "a" added to Line "b" should equal Line "c"]	\$

8. COMPLETÉ AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.5. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages
Signature of Employer/Principal or Representative
Print or Type Full Name

4) Name: Helmke	Rachel	R.	EXEC.ID.# 244
Lest	First	MI	
5) Name: Hohorst	Ashley	A.	EXEC.ID.# 219
Last	First	MI	
6) Name: Hull	Dennis	R.	EXEC.ID.# 243
Lask	First	MI	
7) Name: Humphries	Judi	P.	EXEC.ID.# 249
Last	First	М	
8) Name: Kleinpeter	Stephen	M.	EXEC.ID.#_225
Last	First	MI	
9) Name: Liles	Jessica	F.	EXEC.ID.#_198
Last	First	MI	
ID) Name: Manguno	Rebecca	M.	EXEC.ID.# 227
Last	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period, when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

a.	Total of all executive lobbying expenditures made January 1 through June 30:	See signature page
	(Include expenditures from Schedules A and B)	
b.	Total of all executive lobbying expenditures made July 1 through December 31: (Whan Applicable) [Include expenditures from Schedules A and 8)	\$
G .	Total of all executive lobbying expenditures made during calendar year: (Line "a" added to Line "b" should equal Line "c")	\$

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and bellef; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature communed on following pages				
Signature of Employer/Principal or Representative				
Print or Type Full Name				

Name: Mayer	Amy	F.	EXEC.ID.# 197
Last	First	MI	
Neme: McAllister	Charles	E.	EXEC.ID.# 208
Lastr	First	MI	
Name: McCullough	Candace	Ĺ.	EXEC.ID.# 201
Last	First	MI	
Name: McDonald	Michael	J.	EXEC.ID.#_289
Last	First	MI	
Name: Milton	Rebecca	В.	EXEC.ID.# 229
Last	First	MI	
Name: O'Toole Benoit	Karen	A.	EXEC.ID.# 301
Last	First	MI	
0) Name: Puckett	Chad	E.	EXEC.ID.# 226
Last	First	М	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period: (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period: when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

mber 31: \$
s

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyhts.

CERTIFICATION OF ACCURACY

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Signature continued on following pages
Signature of Employer/Principal or Representative
Print or Type Full Name

4) Name: Ragusa	Jerl	L.	EXEC.ID.#_198
Last	First	MI	
5) Name: Rareshide	Jennifer		EXEC.ID.#_202
Last	First	MI	
6) Name: Rossie	Tracey	\$.	EXEC.ID.# 206
Lest	First	MI	
7) Name: Seay	Nicholas	Н.	EXEC.ID.# 314
Last	First	MI	
8) Name: Silvio	Jeffrey	D.	EXEC.ID.# 213
Lest	First	MI	
9) Name: Sins	Amy	C.	EXEC.ID.# 231
Last	First	МІ	
10) Name: Smith	Clark	E	EXEC.ID.# 250
Laut	First	MI	

7. PROVIDE SELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period, when applicable; (c) the aggregate total of all expenditures made by the principal/amployer in a calendar year.

8,	Total of all executive lobbying expanditures made January 1 through June 30: (include expanditures from Schedules A and B)	See signature page
b.	Total of all executive lobbying expenditures made July 1 through December 31: (When Applicable)—(Include expenditures from Schedules A and B)	2
c.	Total of all executive lobbying expenditures made during calendar year: (Line "a" added to Line "b" should equal Line "c")	\$

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I heraby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 at seq. has been deliberately orbitted.

Signature continued on following pages
Signature of Employer/Principal or Representative
Print or Type Full Name

) Name: Solieau	Willam	L.	EXEC.ID.# 218
Last	First	Mi	ENECHDIF,—IV
Name: Spencer	Adriane		EXEC.ID.# 438
Last	First	Mi	EXECTION 100
Name: Tergerson	Michael	D.	EXEC.ID.# 241
Lø u	First	МІ	CAECIDIA
Name: Townson	Jennifer	L.	EXEC.ID.# 209
Last	First	MI	EXEU.ID.#_==V
Name: Triplett	David	W.	EXEC.ID.#_224
Latst	First	MI	EVC(*)[D'8
Name: Usle	Kenneth	J.	EXEC.ID.# 223
Lam	First	MI	
) Name: Viator	Lorl	L	EXEC.ID.# 222
Last	First	MfI	
ie principal/employer in a calendar y i. Total of all executive lobbying ex (Include expenditures from Schedu	penditures made January 1 through June 30 des A and B)	ble: (c) the ag	eporting period; (b) the p gregate total of all expa a signature page
ie principal/employer in a calendar y a. Total of all executive lobbying ex (Include expanditures from Schedu	penditures made January 1 through Jurie 30 penditures made January 1 through Jurie 30 penditures made July 1 through December	ble: (c) the ag	pgregate total of all expa
e principal/employer in a calendar y Total of all executive lobbying ex (Include expenditures from Schedu Total of all executive lobbying ex (When Applicable) (Include expen	penditures made January 1 through June 30 plas A and B) penditures made July 1 through December 1 nditures from Schedules A and B) penditures made during calendar year:	ble: (c) the ag	pgregate total of all expa
ie principal/employer in a calendar y a. Total of all executive lobbying exp (Include expenditures from \$chedu b. Total of all executive lobbying exp (When Applicable) (Include expenditure) Total of all executive (obbying exp (Line "a" added to Line "b" should expenditure and executive company.	penditures made January 1 through June 30 plas A and B) penditures made July 1 through December 1 nditures from Schedules A and B) penditures made during calendar year:	ble: (c) the ag	gregate total of all expa
ie principal/employer in a calendar y a. Total of all executive lobbying exp (Include expenditures from \$chedu b. Total of all executive lobbying exp (When Applicable) (Include expenditure) Total of all executive (obbying exp (Line "a" added to Line "b" should expenditure and executive company.	penditures made January 1 through June 30 place A and B) penditures made July 1 through December 1 and tures from Schedules A and B) penditures from Schedules A and B) penditures made during calendar year: iqual Line "c")	5	gregate total of all expa
to principal/employer in a calendary a. Total of all executive lobbying expenditures from Schedu b. Total of all executive lobbying expenditure Applicable) (Include expenditure) County of all executive lobbying expenditure and all executive lobbying expenditures from the executive lobbying expenditures from Scheduler and Executive lobbying expensive from Scheduler and Executive fr	penditures made January 1 through June 30 iles A and 8) penditures made July 1 through December : nditures from Schedules A and 8) penditures made during calendar year: inqual Line "c") RM for each of your registered executive lob <u>CERTIFICATION OF ACCURA</u> iformation contained herein is true and belief; and that no information registered.	st. s	gregate total of all expa
ie principal/employer in a calendar y a. Total of all executive lobbying exp (Include expenditures from Schedu b. Total of all executive lobbying exp (When Applicable) (Include expenditure for all executive lobbying exp (Line fall executive lobbying executive lobb	penditures made January 1 through June 30 iles A and 8) penditures made July 1 through December : nditures from Schedules A and 8) penditures made during calendar year: inqual Line "c") RM for each of your registered executive lob <u>CERTIFICATION OF ACCURA</u> iformation contained herein is true and belief; and that no information registered.	st. s	gregate total of all expa
ie principal/employer in a calendar y a. Total of all executive lobbying exp (Include expenditures from Schedu b. Total of all executive lobbying exp (When Applicable) (Include expenditure for all executive lobbying exp (Line fall executive lobbying executive lobb	penditures made January 1 through June 30 iles A and 8) penditures made July 1 through December : nditures from Schedules A and 8) penditures made during calendar year: iqual Line "c") RM for each of your registered executive lob <u>CERTIFICATION OF ACCURA</u> iformation contained herein is true and betief; and that no information requited.	street to the age of t	gregate total of all expa

4) Name:_1	<i>N</i> all	Stephan	ŧ.	EXEC.ID.#_232_
	Last	First	MI.	EXEC.ID.# 202
5) Name: Z	aunbrecher	Therese	M.	turo in 204
	Last	First	MI	EXEC.ID.# 204
8) Name:_F	Rosenau	Samuel	C.	382
	Last	First	——: - Mi	EXEC.ID.#_362
7) Name:_ ³	Schlifer	Julie		F 1.1.4
	Lest	First		EXEC.ID.#
6) Name:_^	N/A			
-, <u>-</u>	Last	First	МІ	EXEC.ID.#
9) Name: N	N/A			
., . <u></u>	Last		MI.	EXEC.IO.#
10) Name:	N/A		1411	
	Last	First	MI.	EXEC.ID.#
b. Total of: (When:	e expenditures from Schedulas all executive lobbying expendi Applicable) (Include expendi	nditures made July 1 through December 31: tures from Schedules A and B)	*	N/A
c. Total of a (Line "a	ill executive lobbying exper * added to Line "b" should equ	ndhures mede during calendar year: al Line "c")	\$	
B. COMPLETE	AN ATTACHMENT FORM	for each of your registered executive lobbyis	i s.	
		CERTIFICATION OF ACCURACY		
KIRDY	eby certify that the info wledge, information and seen deliberately omigted	rmation contained herein is true and contained that no information required. Advisor of Employer/Priodipol or Representation	d by LS	o the best of my KA-R.S. 49:71 et seq.
	 :	Print or Type Full Name		_

В.

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete Item #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive lobbyists, Make as many copies of this form as needed for the completion of the expenditure report. Identify each page with a number and indicate the total mimber of pages being submitted.

1) LOBBYIST	Sins	Amy		C.	EXEC ID#	231
	Lest	First		MI	EMED IO	
A.		e lobbying expenditu nolude expenditures fro	ures made January 1 th om Schedules A and B)	rough June 30;	\$	
			ires made July 1 throu Jude expenditures from		s	
			ires made during caler are lines should equal th	•	\$_2,548.28	
В.	Did this lobbyist ma	ske an expenditure ex	cceeding \$50 on one o	ccasion for an exec	utive branch o	fficial:
		ary 1 through June 30 1 through December		□ No	Ø	N A
	if the answer to citi	ner question in B abo	vé is YE\$, complete \$6	chedule A and attac	:h.	
Ċ.	Did this lobbyist ma	ske expenditures exce	eeding the sum of \$2\$	0 for an executive t	oranch official:	
	From January 1 thro From July 1 through		Yes ⊡ Yes □	No □ No □	NA 🗹	
	If the answer to eit	her question in C abo	ove is YES, complete S	chedule A and atta	ch.	
D.	•	· •	ception, social gather luring this reporting p	*	an to which m	ore than twenty-fiv
		Yes 🗌	No √			*
	if the answer to D a	bove is YES, complet	te Schedule B and atta	ch.		
						2
						- 10 - 10 -

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	December of Ed II	
1)	a. Name of Department: Department of Education	
	b. Total of all expenditures made January 1 through June 30:	\$_850.11
	 Total of all expenditures made July 1 through December 31: (When applicable) 	\$_N/A
	d. Total of all expenditures made during the calendar year:	\$ <u>850.11</u>
2)	a. Name of Department: Department of Health and Hospital	s
	b. Total of all expenditures made January 1 through June 30:	<u>\$_1,698.17</u>
	 Total of all expenditures made July 1 through December 31; (When applicable) 	\$_N/A
	d. Total of all expenditures made during the calendar year:	\$
i)	a. Name of Department; N/A	
	b. Total of all expenditures made lanuary 1 through June 30:	\$
	 Total of all expenditures made July 1 through December 31; (When applicable) 	\$
	d. Total of all expenditures made during the calendar year:	§ 0.00
)	a. Name of Department: N/A	··
	b. Total of all expenditures made lenuary 1 through June 30:	s
	 Total of all expenditures made July 1 through December 31: (When applicable) 	s
	d. Total of all expenditures made during the calendar year:	\$ 0.00

E.

F.	branc Janua Jobby	IDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the y 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by the st during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditure by this lobbyist in a calendar year attributable to the agency.
	1)	a. Name of Department and Individual Agency:
	·	Louisiana State University Health Sciences Center
		b. Total of all expenditures made January 1 through June 30: \$ 711.17
		c. Total of all expenditures made July 1 through December 31: \$\frac{N/A}{2}\$ (When applicable)
		d. Total of all expenditures made during the calendar year: \$_711.17
	2)	a. Name of Department and Individual Agency: Department of Education,
		Louisiana State University
		b. Total of all expanditures made January 1 through June 30: \$ 138.94
		c. Total of all expenditures made July 1 through December 31: \$\frac{N/A}{\text{When applicable}}\$
		d. Total of all expenditures made during the calendar year:
	3)	a. Name of Department and Individual Agency: Department of Health and Hospitals,
		Central City Mental Health Center
		b. Total of all expenditures made January 1 through June 30: 545.96
		c. Total of all exponditures made July 1 through December 31: \$_N/A (When applicable)
		d. Total of all expenditures made during the calendar year: \$_45.96
	4)	a. Name of Department and Individual Agency: Department of Health and Hospitals,
		Chartres-Pontchatrain Mental Health Center
		b. Total of all expenditures made January 1 through June 30: \$ 688.32
		c. Total of all expenditures made July 1 through December 31: 5 N/A (When applicable)
		d. Total of all expenditures made during the calendar year: \$_688.32

F.	brand Januar Jobby	VIDE BELOW (a) the name of the executive branch department and th schedule; (b) the aggregate total of all expenditures attributable to ify 1 - June 30 reporting period; (c) the aggregate total of all expendit ist during the July 1 - December 31 reporting period when applicable by this lobbyist in a calendar year attributable to the agency.	the agancy made by this lobbyist during th ures attributable to the agency made by thi le; (d) the aggregate total of all expenditure			
	1)	a. Name of Department and Individual Agency:	f Health and Hospitals,			
		Desire/Florida Counseling Center				
		b. Total of all expenditures made lanuary 1 through June 30:	_{\$_} 55.24			
		 Total of all expenditures made July 1 through December 31: (When applicable) 	<u>\$_N/A</u> .			
		d. Total of all expenditures made during the calendar year:	\$_55.24			
	2)	a. Name of Department and Individual Agency: Department of Health and Hospitals.				
		Margaret Dumas Mental Health Center				
		b. Total of all expenditures made January 1 through June 30:	\$_19.02			
		 Total of all expenditures made July 1 through Decomber 31: (When applicable) 	\$_N/A			
		d. Total of all expenditures made during the calendar year:	\$ 19.02			
	3)	e. Name of Department and Individual Agency. Department of	f Health and Hospitals,			
		New Orleans Adolescent Hospital & Community Services				
		b. Total of all expenditures made January 1 through June 30:	\$_97.49			
		c. Total of all expenditures made July 1 through December 31: (When applicable)	\$_N/A			
		d. Total of all expenditures made during the calendar year.	<u>\$_97.49</u>			
	4)	a. Name of Department and Individual Agency: Department of	f Health and Hospitals,			
		New Iberia Mental Health Center				
		b. Total of all expenditures made January 1 through June 30:	\$ 15.32			
		c. Total of all expenditures made July 1 through December 31: (VVhen applicable)	\$ N/A			
		d. Total of all exponditures made during the calendar year:	s_15.32			

made 1)	Abbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all elede by this lobbyist in a calendar year attributable to the agency. Department of Health and Hospitals,					
"	West Jefferson Mental Health Center	· · · · · · · · · · · · · · · · · · ·				
	b. Total of all expenditures made January 1 through June 30:	\$_776.82				
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$ N/A				
	d. Total of all expenditures made during the calendar year:	\$_776.82				
2)	a. Name of Department and Individual Agency: N/A					
	b. Total of all expenditures made January 1 through June 30:	\$				
	 Total of all expanditures made July 1 through December 31: (When applicable) 	\$				
	d. Total of all expenditures made during the calendar year:	\$_0.00				
3)	a. Name of Department and Individual Agency: N/A					
	b. Total of all expenditures made January 1 through June 30:	s				
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	\$				
	d. Total of all expenditures made during the calendar year:	\$_0.00				
4)	a. Name of Department and Individual Agency: N/A	· .				
	b. Total of all expenditures made January 1 through June 30:	ß				
	 C. Total of all expenditures made July 1 through December 31: (When applicable) 	\$				
		s_0.00				

Executive Lobbyist:	Sine	Army	C.	Exec. [d #: _231
	Last	First		

SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive lobbyists made either a) an expenditure for any executive branch official exceeding 550 on any one occasion or b) aggregate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditure(s) and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first helf of the year in Column #9.

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENI OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU ESTHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER 31	S. TOTAL OF COLUMNS S AND 4
Champa Chakraborti	West Jefferson Mental Health Center	\$268.60		\$268.60
Laura Deluca	Louisiana State University Health Sciences Center	\$90.53		\$90.53
Heather Downhour	Louisiana State University Health Sciences Center	\$90.53		\$90.53
Candace Hunter	Louisiana State University Health Sciences Center	\$90.53		\$90.53
Indire Keitas	Wast Jefferson Mental Health Center	\$55.24		\$55.24
Abdul Khan	Louisiana State University	\$121.29		\$121.29
Helen Mason	West Jefferson Mental Health Center	\$55.24		\$55.24
Sanh Nguyen	Desire/Florida Counseling Center	\$ 55.24		\$55.24
Johnson Sham	Louisiana State University Health Sciences Center	\$90.53		\$90.53

Executive Lobbyist: Sins	Апту	C. Exec. ld #: :		231
Last	First		MI	
SCHEDULE A:	EXPENDITURES F	OR EXECUTIV	E BRANCH OI	FFICIALS
This schedule must be completed if, executive lobbylists made either a) an exceeding 3250 for any one executi- expenditure(s) and the aggregate total folibylist should have his own Schedul expenditures from the first half of the	during the period January 1 throu expenditure for any executive bri- we branch official during a repor- al of expenditures made on that in- le A If one is required, NOTE: Re-	gh June 30 or the period lu anch official exceeding \$50 ting period, then you must disting in that wooding	ify I through Decembor 3 on any one occasion or b t provide the name of the	31, one of your registered a) 199 0 gate expenditures to boyist who made the
1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JAMUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 GETWEEN JULY 1 AND DECEMBER \$1	5. TOTAL OF COLUMNS 3 AND 4
Chris White	Louisiana State University Health Sciences Ceneter	\$90.53		\$90.53
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